

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09-582721

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/		/			52						
3		2		/			53						
4	/		/				54						
5	/		/				55						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4		4				TOTAL IND.						
TOTAL DEP.	5		4				TOTAL DEP.						
TOTAL CLAIMS	9		8				TOTAL CLAIMS						

BEST AVAILABLE COPY